

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41567

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MOBERLY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>		Length of stay in lb <u>39 1/2</u>		d. STREET ADDRESS <u>518 UNION AVE.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ELL</u> Middle <u>DEE</u> Last <u>TRUSSELL</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>27</u> Year <u>1957</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-5-1882</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u> Hours <u>15</u> Min. <u>00</u>		IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST HELPER-RTD.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>WABASH R.R.</u>		11. BIRTHPLACE (City and state or country) <u>PARIS, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>HENRY P. TRUSSELL</u>				14. MOTHER'S MAIDEN NAME <u>MARY SUSAN WILLIS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-14-2914</u>		17. INFORMANT <u>MRS. E. D. TRUSSELL</u>		Address <u>MOBERLY</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> <u>Nephritis & Prostate</u> <u>Hypertrophy with retention</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>610X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>?</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Nov. 13/57</u> to <u>Nov. 27/57</u> and last saw him alive on <u>Nov. 27/57</u> Death occurred at <u>9:02 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. R. E. Huber, MD</u>				22b. ADDRESS <u>MOBERLY, MO</u>		22c. DATE SIGNED <u>11/29/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-30-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND</u>		23d. LOCATION (City, town, or county) (State) <u>MOBERLY, MO.</u>	
24. FUNERAL DIRECTOR <u>MAHAN FUNERAL SERVICE -</u>		ADDRESS <u>MOBERLY</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 30 57</u>		26. REGISTRAR'S SIGNATURE <u>Leaburhove</u>	

DEC 11 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3815

P. O. Address Potomac

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.